

Resource AMS Analysis Application (FOR ADMIN USE ONLY)
National Resource for Biomedical AMS
Lawrence Livermore National Laboratory

Instructions: Please complete Section I (PI/Collaborator) & Section II (General Information) **IMPORTANT: Answer the federal grant question**, then forward this form to the individual that is authorized to sign Contracts/Grants, etc. for completion of Section III. This information is critical for the initiation of the required paperwork mandated by the U.S. National Nuclear Security Agency (NNSA) in conjunction with the Lawrence Livermore National Security, LLC. These documents are mandatory in order to allow LLNL to perform any work for a Non-Federal customer. Please email or fax completed form to the person at the bottom of this sheet.

SECTION I - Principal Investigator/Collaborator

PI/Collaborator Name
University/Institution/Company
Department
Department Address
Phone **Fax** **email**

SECTION II- Analysis/Project Information

LLNL PI/Collaborator Name
AMS **Type of Nuclide** **Microprobe**
Project Term (number of Months)
Project Title
Total Contract Amount
Estimated Cost per Sample
Estimated Number of Analyses (Total)
Estimated Number of Analyses (Initial)

Do you have a federal grant supporting this project? Yes No
If yes, please provide: Agency Grant#

SECTION III- Contract/Grants/Administrator (Authorizing Individual)

Name
Title
Address
Phone **Fax** **email**

Billing Contact (Individual that would authorize invoices for payment)

Name
Title
Address
Phone **Fax** **email**

Send Completed Form to: Nanette Sorensen
email: sorensen5@llnl.gov fax: (925) 423-7884 ph: (925) 422-9670